

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000005442

1. Entity Name

AMMEST REALTY CORPORATION



Principal Place of Business

4333 EDGEWOOD ROAD N.E.
CEDAR RAPIDS IA 52499-5555

Mailing Address

4333 EDGEWOOD ROAD N.E.
CEDAR RAPIDS IA 52499-5555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-2135472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP/S	<input type="checkbox"/> Delete
NAME	FELTMAN, DAVID	
STREET ADDRESS	4333 EDGEWOOD RD NE	
CITY- ST- ZIP	CEDAR RAPIDS IA 52499	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, ALAN F	
STREET ADDRESS	4333 EDGEWOOD ROAD N E	
CITY- ST- ZIP	CEDAR RAPIDS IA 52499-5555	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	BLANKENSHIP, DAVID	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY- ST- ZIP	CEDAR RAPIDS IA 52499	
TITLE	AT	<input type="checkbox"/> Delete
NAME	VAN GORP, GREGORY	
STREET ADDRESS	4333 EDGEWOOD ROAD N E	
CITY- ST- ZIP	CEDAR RAPIDS IA 52499-5555	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLETCHER, ALAN F	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY- ST- ZIP	CEDAR RAPIDS IA 52499	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	HICKS, MARSHA	
STREET ADDRESS	400 W MARKET STREET	
CITY- ST- ZIP	LOUISVILLE KY 40202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan F. Fletcher, Director

02/04/2004

(319) 398-8645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #